

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2013

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

**Transaction ID : D145990**Purpose of Disbursement  
Campaign contribution - 2012 primary debt

Amount of Each Disbursement this Period

Candidate Name

**Rep. Michelle Lujan Lujan Grisham**Category/  
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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2012 Primary Debt

State: NM District: 01

Full Name (Last, First, Middle Initial)

**B. ROGERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2013

Mailing Address PO Box 581

City	State	Zip Code
Brighton	MI	48116

**Transaction ID : D145991**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Mike Rogers**Category/  
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MI District: 08

Full Name (Last, First, Middle Initial)

**C. MIKE THOMPSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2013

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

**Transaction ID : D145989**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Mike Thompson**Category/  
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CA District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00